

**RENEWAL or REINSTATEMENT APPLICATION**  
**PHYSICAL THERAPISTS & PHYSICAL THERAPIST ASSISTANTS**  
**KENTUCKY BOARD OF PHYSICAL THERAPY**  
312 Whittington Parkway, Suite 102  
Louisville, Kentucky 40222  
(502)429-7140 (502)429-7142 (FAX)

**SECTION 1:** This is your renewal application. Verify or furnish the information on *BOTH* pages of this document. Incomplete forms shall be returned. **SIGN & DATE THE AFFIDAVIT** and follow instructions concerning payment & renewal deadline at the end of this form. **PLEASE PRINT.**

“Credentials not renewed by the board by March 31<sup>st</sup> of each uneven numbered year shall lapse.”

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**HOME ADDRESS:**

**CORRECTIONS TO RECORD**

Credential #:  
Name:  
Home Address:  
City, State, Zip:

Home County:  
Telephone #:

Email Address \_\_\_\_\_

☐

**PRIMARY WORK SITE:**

Facility Site:  
Address:  
City, State, Zip:  
County:  
Telephone #:  
Full Time \_\_\_\_\_ Part Time/PRN \_\_\_\_\_

Additional Site:  
Address:  
City, State, Zip:  
County:  
Telephone #:  
Full Time \_\_\_\_\_ Part Time/PRN \_\_\_\_\_

Note: Home address shall be the official address for the board. Please check the appropriate box above for your preferred public address of record for all other purposes. If no box is checked, your home address shall be used.

**SECTION 2: Continued Competency Requirement. Renewal Only: Do not send proof of your contact hours.**

- **Active Military Duty PT and PTA** - Shall be granted an exemption from continued competency requirements as established in KRS 12.355 and waiver of renewal fee (Complete Exemption and Extension for Continued Competency form).
- **PT** – I have taken the required thirty (30) hours of continued competency for this biennium which includes the two (2) hour open book tutorial (Jurisprudence Exam, JE).
- **PTA** – I have taken the required twenty (20) hours of continued competency for this biennium which includes the two (2) hour open book tutorial (Jurisprudence Exam, JE).
- I have graduated within the last two (2) years and have taken the two (2) hour Jurisprudence Exam.
- I will keep written verification of my continued competency contact hours earned for three (3) years and understand this is subject to board audit.
- My HIV/Aids Course will be required for biennial renewal period ending \_\_\_\_\_

**AFFIDAVIT**

**SECTION 3:** Please answer each of the following questions by putting a check (✓) in the appropriate box on the right. You must answer each question with a "Yes" or "No" response as no other response is acceptable. **All "Yes" answers MUST be explained in detail on a separate sheet of paper.** The explanation should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

**Note:** If you answer "Yes" to any of the questions below and you have already submitted explanatory documents to this licensing authority, you need not submit the documents again. Please note the date of your previous submission next to the applicable question(s). Answering "Yes" to any of the following is NOT an automatic reason for the Board to deny an application or to take disciplinary action, but may lead to further inquiry or investigation.

**1. Since your credential was issued or last renewed in Kentucky:**

- A. Have you been convicted of, or do you have pending charges for any felony, misdemeanor, or any crime in the courts of this state or any other state, territory or country? Include convictions whether or not sentence was imposed or suspended. KRS 327.070 (2)(f) states, "Conviction, ...shall include a finding or verdict of guilt, an admission of guilt, or a plea of nolo contendere." Do not include information on minor traffic violations (such as speeding or parking tickets), unless the violation involved alcohol or drugs. \_\_\_ Yes \_\_\_ No
- B. Have you had an application for a license or certificate refused or denied by any licensing authority? \_\_\_ Yes \_\_\_ No
- C. Have you been refused or denied the privilege of taking an examination required for any professional license or certificate? \_\_\_ Yes \_\_\_ No
- D. Have you allowed any professional license or certificate to lapse, or had a restricted license or certificate issued by any professional licensing authority? \_\_\_ Yes \_\_\_ No
- E. Have you voluntarily surrendered any professional license or certificate? \_\_\_ Yes \_\_\_ No
- F. Have you had any professional license or certificate revoked? \_\_\_ Yes \_\_\_ No
- G. Have you been the subject of reprimand or disciplinary action with regard to any professional license or certificate or been sanctioned by any licensing authority? \_\_\_ Yes \_\_\_ No
- H. To your knowledge, do you have any unresolved or pending complaints, investigations or disciplinary actions filed against you with any professional licensing authority? \_\_\_ Yes \_\_\_ No
- I. Have you been pardoned from a felony or misdemeanor conviction or had a record expunged from a felony or misdemeanor conviction? \_\_\_ Yes \_\_\_ No
- J. Are you now being treated or have you in the last 5 years been treated for drug or alcohol abuse or participated in a drug or alcohol rehabilitation program? \_\_\_ Yes \_\_\_ No
- K. Do you currently have any mental, physical or other condition, including alcohol or other substance abuse that impedes your ability to competently practice? \_\_\_ Yes \_\_\_ No
- L. Had a malpractice settlement or civil judgment entered against you related to your practice of physical therapy? \_\_\_ Yes \_\_\_ No
- M. Have you been court-martialed or discharged other than honorable from the armed services? \_\_\_ Yes \_\_\_ No
2. Do you currently have an obligation in a financial aid program administered by the Kentucky Higher Education Assistant Authority (KHEAA)? \_\_\_ Yes \_\_\_ No
- A. If yes, are you in default of the repayment obligation per KRS 164.772? \_\_\_ Yes \_\_\_ No
3. Do you currently have a child support order obligation? \_\_\_ Yes \_\_\_ No
- A. If yes, are you in default of this obligation per KRS 205.712 (10)? \_\_\_ Yes \_\_\_ No

***I certify the information reported on this form is true and correct.***

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature

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**Renewal Fee – Refer to Renewal Instructions**

**Reinstatement Fee – Refer to Reinstatement Instructions**

Check payable to the "**Kentucky Board of Physical Therapy**" or Online at <http://pt.ky.gov> (renewal only)